

Statement of Martha Healy

Appropriations Committee

February 23, 2017

Department of Mental Health and Addiction Services (DMHAS) Connecticut Legal Rights Project (CLRP), and Housing

My name is Martha Healy. I live in the city of Hartford, Connecticut and I am a registered voter. I am writing to support the DMHAS and CLRP.

As I look at the committee I am sure that many of you are parents. While you carried your child or watched through the pregnancy I am sure you wished for and anticipated the birth of a wonderful, normal child who would grow to have a happy and healthy life. So did I. Unfortunately by the age of 18 months my daughter was already diagnosed with significant developmental delays, many orthopedic and neurologic issues. I was warned that the gap between her abilities and “normal” would widen. She had multiple surgeries as she grew and developed severe psychological problems. By high school she was hospitalized in New York State where we then lived.

She moved with me to Connecticut about twelve years ago but soon had to be rehospitalized this time at Hartford Hospital, then to Cedarcrest, and then to Connecticut Valley Hospital (CVH). In total she has been institutionalized more than 20 years. Her unique combination of medical and psychological deficits made placement very difficult and frankly she was DUMPED in what I and many others felt was an inappropriate environment. Over those years she deteriorated significantly. As her mother and conservator I fought vehemently for a different type of placement. CLRP worked with Karen in this endeavor. I visited weekly to see her sitting usually drugged, in a wheelchair. She had aseptic necrosis of her hip and was in constant pain for which she was given higher and higher doses of narcotics.

Finally after several years, Dr. Tracy Sondik and other supportive state employees, developed a plan for Karen based on Karen’s abilities and needs. Goodwill became involved and for several months everyone worked on their own piece of the plan—the state, people at CVH, Goodwill and most particularly Karen who would be **deinstitutionalized after more than 20 years.**

She moved into her own apartment with 24/7 support from Goodwill, a twice a day visiting nurse for medications, and clinical support through Capital Region and Goodwill. Fast forward through a lot of major changes: Karen had hip replacement surgery, went through weeks—if not months—of full blown withdrawal from the narcotics she had become addicted to for pain control while in CVH. She learned to walk independently. She gained confidence—she even spoke at last year's budget hearings to you . She now volunteers 2x a week in a nursing home helping clients there with recreational programs, giving back in a positive way to the community. She has a boyfriend. She participates in her nephew and niece's life.

She has a life. It costs less to have her happy and productive than it did to have her drugged and miserable. Agencies such as Goodwill must continue to be supported so they can help. Also, investments in housing services, supports, and rental subsidies need to be maintained, as they are included in the proposed budget in DMHAS and the Department of Housing, in order to support Karen and others to live meaningful and quality lives in the community. Karen was going to be here tonight (as she was last year) but unfortunately she has been hospitalized for a systemic infection. So I speak for her, for those other clients who need the help of DMHAS and CLRP and for their parents, and others who care about and love them. Thank you.